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INControl *Diabetes*

DIABETES PREVENTION AND CONTROL PROGRAM MISSION:

TO REDUCE THE BURDEN OF DIABETES IN INDIANA THROUGH DATA SURVEILLANCE, HEALTH COMMUNICATIONS, HEALTHY SYSTEMS DEVELOPMENT, AND DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY INTERVENTIONS AND PROGRAMS.

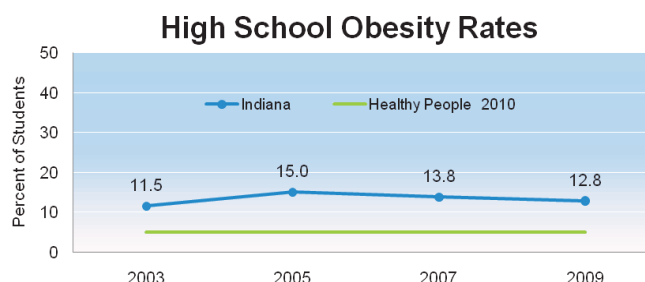
Adolescent Diabetes Risk Factors for Indiana

The increased incidence of type 2 diabetes in youth is an early consequence of the obesity epidemic among young people, and is a growing public health problem. Overweight and obese children are at increased risk for developing type 2 diabetes during childhood, adolescence, and later in life. Most children and teens diagnosed with type 2 diabetes are overweight or obese, insulin resistant, and have a family history of type 2 diabetes.

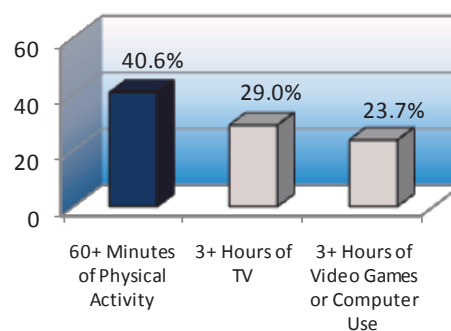
Diabetes complications such as microalbuminuria and the presence of cardiovascular risk factors such as abnormal cholesterol and high blood pressure have been observed among teenage and pediatric populations in the United States, and are often present at disease onset. Undiagnosed, and consequently untreated type 2 diabetes in children and adolescents may place these young people at early risk for cardiovascular disease.

However, because of limited information, the scope of this problem is difficult to quantify. One means of assessing risk is to observe adolescent behaviors. Current Youth Risk Behavior Surveillance System information highlights the low level of physical activity, high levels of sedentary activity, and a low level of healthy food consumption. These behaviors exhibited by Indiana high school students are factors conducive to developing obesity. Although the rate of obesity in Indiana high school students has decreased since 2007, it continues to be above the national Health People 2010 goal of 5%.

For More Information Visit the Youth Risk Behavior Survey website at www.in.gov/isdh/20627.



Daily Physical Activity



Indiana State
Department of Health

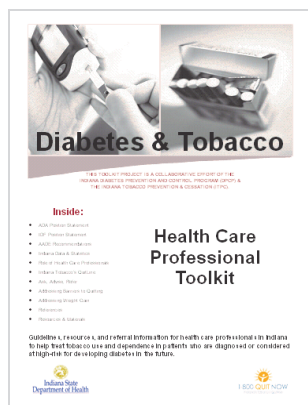


Diabetes Prevention & Control Program Updates

The Diabetes Prevention and Control Program (DPCP) has recently revised and updated its Website. The Website is now easier for health care professionals and the general public to find pertinent information on diabetes data, legislation, research, insurance coverage information, publications, resources (English & Spanish), local diabetes support and education programs, and other evidence-based programs. Check it out at www.diabetes.IN.gov.



"NEW" Diabetes & Tobacco Toolkit



Diabetes & Tobacco Did YOU Know?

- Smoking Cessation Delivery Systems—"One of the most important and consistent finds from comprehensive literature is that repeated interventions, provided by health care professionals and reinforced over time, are much more effective than a single session or discussion. Such an approach denotes the importance of an integrated system of care in systematically reducing smoking rates."¹
- "Only about half of smokers seeing a primary care physician in the past year reported being asked about their smoking, with a smaller number being advised to quit."¹
- "Several studies have shown that smoking promotes the onset and progression of nephropathy in type 2 diabetes."²
- "Smoking cessation is one of the few interventions that can safely and cost-effectively be recommended to all patients. Stopping smoking is likely one of the most effective medical actions that can be taken with diabetic patients."¹

References:

- 1 - Haire-Joshua D, Glasgow RE, Tibbs TL. (1999). Smoking and diabetes. *Diabetes Care* 22 (1), 1887-1898.
- 2 - Tonstad, S. (2009). *Diabetes research and clinical practice*, 4(13), 5-9.

The Diabetes and Tobacco Toolkit for health care professionals is a collaborative project of the Indiana Diabetes Prevention and Control Program (DPCP) and Indiana Tobacco Prevention & Cessation (ITPC). The Toolkit provides health care professionals information on diabetes and tobacco guidelines, resources, and referral information to help treat tobacco use and dependence in patients who are diagnosed or are considered at high-risk for developing diabetes in the future.

The toolkit will be released in August and posted on the DPCP website and the ITPC website. In addition, the DPCP and ITPC will be presenting the toolkit and the importance of incorporating tobacco cessation messaging into diabetes education in the fall through Indiana's four American Association of Diabetes Educators (AADE) Chapters. If your organization would like more information about the toolkit, please our website at www.diabetes.IN.gov.

"NEW" Diabetes in Worksites Toolkit



Indiana Hospital Association



The Indiana Hospital Association and the Indiana Diabetes Prevention and Control Program have developed a diabetes worksite toolkit for businesses/organizations in Indiana. The toolkit includes the following: Indiana diabetes statistics, state and national resources, workforce solutions, frequently offered benefits, an implementation checklist, and much more. To access the toolkit visit the Indiana Hospital Association website at www.ihconnect.org.





Indiana State Department of Health

State Cardiovascular Health Program Has Arrived



Diet and physical activity are important factors in preventing both type 2 diabetes and cardiovascular disease. Consequently, the newly formed Indiana Cardiovascular Health Program (CVHP) and the existing Indiana Diabetes Prevention and Control Program (DPCP) share a focus on promoting exercise and healthy eating for all Hoosiers. The CVHP has started work on a Burden Report and State Plan to combat cardiovascular disease and stroke in Indiana. The program's current focus also includes building partner coalitions and pursuing funding opportunities. Both the CVHP and the DPCP look forward to working together to encourage healthy lifestyles and to prevent chronic disease in all its forms.

Cardiovascular Program Staff:

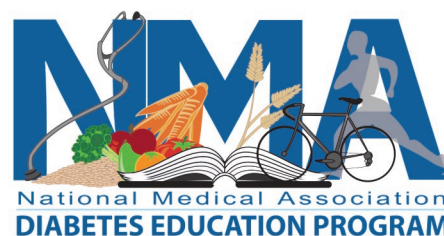
Stephen Clarke, PhD, MA has joined the CVHP as the new Cardiovascular Program Coordinator. Dr. Clarke came from Alabama where he completed a PhD in Health Education/Health Promotion at the University of Alabama at Birmingham. He has served as Program Manager for a variety of public health projects, including initiatives addressing hypertension medication adherence, oral health promotion, and organ-donor promotion. Dr. Clarke also has a Master's Degree in Secondary Education, along with several years of experience in teaching.

Anita Gupta, MD, MPH has joined the CVHP as its Epidemiologist. Dr. Gupta is a public health-trained physician who is very interested in chronic disease epidemiology. She completed her Master's in Public Health at Indiana University School of Medicine. She is currently focusing on development of the CVHP Burden Report.



National Medical Association News

The National Medical Association (NMA) has been named one of the 2010 Healthy Vision Community Award recipients. This award is sponsored by the U.S. Department of Health and Human Services under the National Eye Institute (NEI) and the National Eye Health Education Program. Funds received will be used to establish the **NMA Vision Focus Initiative** in Indianapolis, Indiana.



This extension of the NMA Diabetes Education Program will streamline information on the importance of patients with diabetes having dilated eye examinations and provide information about diabetic retinopathy.

This streamlining will be accomplished through patient education classes, a media campaign, and community outreach efforts. These efforts will be conducted in Indianapolis through the NMA's established Diabetes Education Program Coalition, led by NMA state society and Hoosier State Medical Society. The core partners for this program are the Indiana State Department of Health's – **Diabetes Prevention and Control Program (DPCP)**, **Minority Health Coalition of Marion County**, the **Marion County Health Department**, and the **Student National Medical Association (SNMA)**.

For more information on the **NMA Vision Focus Initiative** contact Roslyn Douglas at 202.347.1895, ext. 264 or via email at rdouglas@nmanet.org.

Y-Diabetes Prevention Program

Program at the Y Helps Individuals at High Risk for Type 2 Diabetes Reduce Risk

Article Submitted By: Kelly Kennai Grunig, Communications Director, Y OF THE USA

In April, the Y (formerly the YMCA) announced the expansion of its Diabetes Prevention Program, an innovative model to help reduce the burden of chronic disease in communities across the nation. The program uses a group-based lifestyle intervention designed especially for people at high-risk of developing type 2 diabetes and has been proven to cut peoples' chances of developing the disease by more than half.

The Y's Diabetes Prevention Program is based on the landmark Diabetes Prevention Program (DPP) funded by the National Institutes of Health and the Centers for Disease Control and Prevention, which showed that with lifestyle changes and modest weight reduction, a person with pre-diabetes can prevent or delay the onset of the disease by 58 percent.

Researchers at Indiana University School of Medicine were able to replicate the successful results of the Diabetes Prevention Program in conjunction with the Y of Greater Indianapolis.

Unlike the NIH's program, which was conducted with individuals one-on-one, the Y's program is conducted in a group setting.

The research conducted by the Indiana University researchers also proved that the Y could effectively deliver a group program for about 75 percent less than the cost of the original Diabetes Prevention Program. This research also highlighted the Y's ability to deliver the program nationally.

Currently, Ys in 18 communities are either offering the program, or will offer it beginning in August. **Three communities in Indiana are among that group – Indianapolis, which served as the initial pilot site for the program, as well as Bloomington and Fort Wayne.** Y of the USA is working with the Centers for Disease Control and Prevention, UnitedHealth Group and others to expand the program nationally over the next five years.

"The Y is committed to helping prevent chronic disease by giving individuals of all ages tools for healthy living. As one of the nation's largest charities, Ys are poised to be part of a new health care delivery system

that values prevention," said Jonathan Lever, National Director for Activate America at the Y. "We are in thousands of communities; we have staff experienced in supporting people trying to make healthy lifestyle changes; and we have an infrastructure to support building additional expertise."

The program is open to all in the community who have either been diagnosed with pre-diabetes or at high-risk for diabetes. **In Indianapolis, the Y's Diabetes Prevention Program is being offered as part of UnitedHealth Group's Diabetes Prevention and Control Alliance. The Y will receive reimbursement for each participant who is referred through the Alliance, with performance-based metrics built in that provide for a higher reimbursement when the desired weight loss is achieved. The Ys in Bloomington and Fort Wayne will be eligible for reimbursement this fall.**

The Y is committed to making the program available to everyone who meets program criteria, regardless of an individual's insurance coverage. As evidence of UnitedHealth Group's commitment to solving the nation's diabetes crisis, the company is making the program available to other insurance companies and employer groups that are not its health insurance customers.



For More Information Regarding the Y-DPP, Please Visit the Following Websites:

- Indiana DPCP - www.in.gov/isdh/24866
- The Y of the USA - www.ymca.net/news-releases/20100414-ymca-unitedhealth
- Y of Monroe County - <http://monroecountyyymca.org>
- Y of Greater Fort Wayne - www.fwymca.org
- Y of Greater Indianapolis - www.indymca.org

Resource News

Getting Ready for Summer: Diabetes & Vacation

The key to a happy, healthy vacation for a person with diabetes is good planning - diabetes doesn't take a vacation. This summer, help the NDEP promote important diabetes travel tips to help your patients with diabetes continue to manage their diabetes when they are on the road. NDEP's featured document entitled, "[Have Diabetes. Will Travel](#)" offers helpful tips on how to plan ahead if you have diabetes and will be traveling. Also, check out the National Institute of Diabetes and Digestive and Kidney Diseases' [Your Guide to Type 1 and Type 2 Diabetes: Taking Care of Your Diabetes at Special Times](#) for tips on how to manage diabetes when away from home. Order or download these **FREE** materials on NDEP's website at www.ndep.nih.gov.

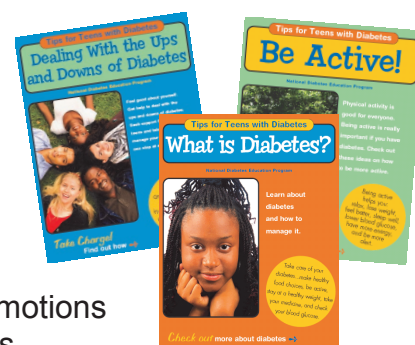


Bilingual Teen Tip Sheets

NDEP is pleased to introduce two new tip sheets for teens in English and Spanish.

- *Lower Your Risk for Type 2 Diabetes*—encourages teens to lower their risk for diabetes by being active, making healthy food choices and losing weight if they are overweight.

- *Tips for Teens with Diabetes—Diabetes and Your Feelings*—addresses emotions and offers suggestions for how teens can cope with their feelings and set goals. Order or download these **FREE** materials on NDEP's website at www.ndep.nih.gov.

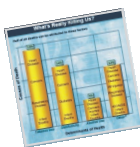


The Indiana DPCP also has the following NDEP Bilingual Teen Tip Sheets in Stock:

- *Tips for Teens with Diabetes—Make Healthy Food Choices*—provides useful information about diabetes and encourages teens to take action to manage their disease for a long and healthy life.
- *Tips for Teens with Diabetes—Stay at A Healthy Weight*—encourages teens to stay at a healthy weight and how to set healthy weight-loss goals.

Download these **FREE** tip sheets from NDEP's website at www.ndep.nih.gov.

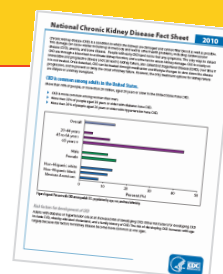
Downloadable Data Sets



Community Health Status Indicators (CHSI) - A web-based tool providing local public health agencies access to county health status profiles for improving community health by identifying resources and setting priorities. Visit the CHSI website at www.communityhealth.hhs.gov to read about the data sources, definitions, and notes.

NEW Chronic Kidney Disease Fact Sheet

A new fact sheet on chronic kidney disease with information on prevalence, health consequences, and resources is available from the Centers for Disease Control and Prevention (CDC) and their partners. Chronic Kidney Disease (CKD) affects more than 20 million adults in the United States, or more than 10 percent of the adult population. Visit the CDC website for more information at www.cdc.gov or www.cdc.gov/diabetes/pubs/pdf/kidney_Factsheet.pdf.



Resource News Continued...

diabetesatwork.org

Taking on diabetes. Together, we are making a difference.



Revised Worksite-Friendly Lesson Plans—The most popular and frequently downloaded resources from DiabetesAtWork.org have been the lesson plans, which have been revised to make them easier for human resource managers and supervisors to present to employees. While the lesson plans focus on diabetes issues, many can be adapted to address high blood pressure, heart disease prevention, weight loss and management, physical activity, nutrition, and stress management. Coming next - the revised lesson plans in Spanish. For more information, go to <http://diabetesatwork.org/NextSteps/LessonPlans>.



New Multimedia Resource Available: “Blood Sugar & Fears”

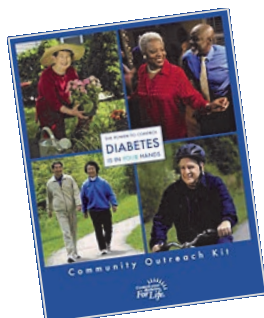


To help Americans learn if they are at risk for type 2 diabetes, CDC-TV has released a new video in the “Health Matters” series, “Blood Sugar & Fears.” It provides expert advice about who is at risk for type 2 diabetes and how to protect your health, including a personal story showcasing the impact of healthy lifestyle changes. The video explains how weight loss and regular physical activity can reduce your risk of type 2 diabetes by nearly 60 percent.

The “Blood Sugar & Fears” video builds upon resources through the CDC’s *Diabetes & Me* Website. “Blood Sugar & Fears” is available to be downloaded via CDC-TV, podcast, or radio PSA, and is also accessible via mobile phone. (See “Download this Video” instructions on CDC-TV if your organization would like to use the video.) The video is also located on the Indiana DPCP Website at www.diabetes.IN.gov.

The video was promoted with a feature on CDC.gov, Facebook, Twitter, and is getting secondary promotion through re-tweets and links from health bloggers, gospel radio stations, state and county health departments, and hospitals. As of June 17th, the Facebook post has been viewed by nearly 74,000 people, and the video has been watched by nearly 400 people. As partners add it to their list of tools and word circulates online, we expect many others to watch the video and learn how lifestyle changes can prevent or delay the onset of type 2 diabetes. To view the video, go to www.cdc.gov/CDCTV/BloodSugarFears.

“Power to Control Diabetes Is In Your Hands”



This recently updated brochure for older adults helps them manage their diabetes, understand how to check blood glucose levels, manage the ABCs of diabetes, and access Medicare benefits. Order this FREE kit from the NDEP at <http://ndep.nih.gov/publications/PublicationDetail>.

“Transitions from Pediatric to Adult Care”



NDEP’s new online “*Transitions from Pediatric to Adult Care*” tool helps teens and young adults with diabetes and their families make a smooth transition to adult health care. Health care professionals will also find this tool helpful, which contains a checklist, clinical summary page, and a resource list. Visit <http://ndep.nih.gov/transitions> for more information.

Project ICE News

Integrated Care through Education



Seeking to empower care providers through education to support healthy living in person with chronic mental illness and/or intellectual disabilities and diabetes living in rural Indiana counties.

Project ICE is a program, funded through a 3 year Rural Health Care Services Outreach Grant from the Health Resources and Services Administration, designed to cross train care professionals on mental illness, intellectual disabilities, and diabetes along with tools for communicating with clients and other providers. Target audience is direct support professionals, mental health case managers and clinicians, diabetes educators, nurses, and other health care professionals working with these populations.

- Project ICE has completed phase one of training providing 7 face-to-face trainings on the basics of diabetes, intellectual disability, and serious mental illness across the state. We are now entering phase two with additional trainings opportunities.
- If you missed the first training, you can still take it through on our e-learning system.
- The next trainings are a series of webinars on improving medication adherence, physical activity, and nutrition.

All trainings are FREE and CEUs are available for a \$20 processing fee!!

For more information contact: Greg Lorenz, LCSW, Clinical Program Development Coordinator, at (317) 536-4683, glorenz@aspin.org or visit the Project ICE website at www.indianaprojectice.org.



Exercise Program for Older Adults

Here in Indiana, we have an aging population and decreasing physical activity rates. The ISDH Diabetes Prevention and Control Program has partnered with the Indiana Association of Area Agencies on Aging (IAAAA) to help bring the EnhanceFitness program to seniors in Indiana. The senior adult population with diabetes or those at high-risk for developing diabetes can benefit from this evidence-based program by becoming more physically active. For more information about the program or to find out how to refer patients into the program, call IAAAA at 1.800.986.3505 or visit www.diabetes.in.gov or www.projectenhance.org.



Article Submitted By: Joy Mahoney, ADA Associate Director of Marketing & Communications,, Indiana Area

“Stop Diabetes” License Plate Coming Soon!



Indiana drivers will soon have the opportunity to choose a Stop Diabetes license plate for their vehicles. This new, special group recognition license plate will debut in Indiana on December 1, 2010.

The “Stop Diabetes” license plate will cost an additional \$40 for Indiana drivers registering their vehicles, with \$25 from each plate directly benefiting the American Diabetes Association in Indiana. The remainder of the cost will cover administration fees of the Indiana Bureau of Motor Vehicles.

With more than 714,000 Hoosiers currently living with diabetes and at least 1.6 million with pre-diabetes, the new “Stop Diabetes” plate will make a visible impact in the movement to stop diabetes right here in Indiana. Show your support for the Stop Diabetes movement by requesting your own “Stop Diabetes” license plate in 2011!



For more information, please contact Joy Mahoney with the American Diabetes Association at 317.352. 9226, ext. 6722, or jmahoney@diabetes.org

Reducing Cardiometabolic Risk Toolkit Now Available

Reducing Cardiometabolic Risk: Patient Education Toolkit

Early assessment and intervention to treat risk factors associated with diabetes and CVD can help prevent and manage these deadly diseases. Patient adherence is critical to the success of treatment, and ongoing patient education can help a patient understand and work with health care professionals to manage cardiometabolic risk factors, improving clinical outcomes.

To assist with your educational efforts, the ADA is offering a comprehensive kit of reproducible patient education handouts on topics related to cardiometabolic risk reduction, pre-diabetes,

diabetes, and CVD. Developed by the American Diabetes Association, American College of Cardiology and Preventive Cardiovascular Nurses Association, the kit covers 29 topics, and is available in English and in Spanish.



PDFs are available from ADA's website. Download and print a master copy, and photocopy the handouts for patients. A CD-Rom version is also available. Send an email to AskADA@diabetes.org to request your copy today or visit the American Diabetes Association website at www.diabetes.org.

JDRF Has Program for Parents, School Administrator To Support Children with Type 1 Diabetes in the Classroom



As part of an extensive program to increase the awareness of the special needs of children with type 1 diabetes in the classroom, the Juvenile Diabetes Research Foundation International has two key support programs for parents and school administrators: the *JDRF School Advisory Kit*, and an on-line "School Assistance Team."

According to JDRF – the world's largest charitable funder of research leading to a cure for type 1 diabetes and its complications – one of the most pressing concerns for parents and their school-aged children with type 1 diabetes is the relationship between the family and the school. Many schools are also struggling to meet the medical and educational needs of the increasing number of students with diabetes.

JDRF has developed a number of innovative programs and materials to assist parents of children with diabetes and schools to work together on behalf of students with diabetes in a respectful and mutually beneficial manner. The effort has two goals: to help parents of children with type 1 diabetes to understand the needs, fears, and concerns schools, administrators, and classroom teachers have in caring for students with medical conditions such as diabetes, and to help school administrators, teachers and nurses better understand the unique medical, emotional, and educational needs of children with diabetes and their parents.

Type 1 diabetes is a chronic, debilitating disease affecting every organ system. Type 1 diabetes is an autoimmune disease in which a person's pancreas stops producing insulin, a hormone that enables people to get energy from food. It usually strikes in childhood, adolescence, or young adulthood, but lasts a lifetime. People with type 1 diabetes must take multiple injections of insulin daily or continuous infusion of insulin through a pump just to survive. Taking insulin does not cure any type of diabetes nor prevent the possibility of its eventual and devastating effects: kidney failure, blindness, nerve damage, amputation, heart attack, and stroke. (Type 2 diabetes is a metabolic disorder in which a person's body still produces insulin but is unable to use it effectively.)

As part of program, JDRF has developed a new publication, *The School Advisory Toolkit* (available from any of the 85 local JDRF chapters nationally or by visiting www.jdrf.org/satrequest). The *School Advisory Toolkit* provides practical information on everyday medical needs. This includes defining the responsibilities of the students, school administrators, the school nurse, teachers, coaches, and other school personnel, as well as the parents. Helpful charts provide information on low and high blood sugar symptoms, along with the appropriate actions needed by school

personnel. The *Toolkit* includes steps for the school to follow to prepare substitute teachers to deal with type 1 students – a commonly forgotten but essential element of being in charge of any classroom.

In addition, the *Toolkit* provides information to help parents understand how schools work and describes the best way to approach the school to ensure appropriate services for a student with type 1 diabetes. By using real-life scenarios, the *Toolkit* helps parents obtain a better understanding of the legitimate concerns and needs schools have when a child with diabetes is a member of their school population. At the same time, the *Toolkit* provides school administrators with better understanding of the difficulties of living with type 1 diabetes, and the emotionally and physically demanding experience of having a child with type 1 diabetes in the family. The *Toolkit* provides the school with information about how the child, the child's siblings, and the parents are all impacted by this serious disease.

The second school-related program JDRF introduced is an on-line help system, she said. Any questions concerning diabetes and schools can be asked of the "Online Diabetes Support Team" at the JDRF website (www.jdrf.org). Any question relating to diabetes and schools will be referred to a member of the *School Assistance Team* – volunteers, usually with a direct connection to diabetes, who have specialized knowledge about diabetes and school issues. *School Assistance Team* members will respond via email within 48 hours. The *School Assistance Team* member will share their personal experiences and give as much information as possible to help the person asking the question. All correspondence is confidential.

For more information please visit www.jdrf.org or the local Indiana chapter at www.jdrf.org/indiana. To get more information please call: 317.469.9604.



U.S. Report Finds Too Few Clinics Target Diabetes & Obesity

THURSDAY, June 24 (HealthDay News) -- Too few local health clinics in the United States offer diabetes screening or obesity prevention programs, according to a nationwide study from the U.S. Centers for Disease Control and Prevention.

The clinics, which tend to serve poor clients, need to be "armed and equipped" to respond to the increasing threat of obesity and diabetes in the nation, study co-author Ann Albright said in a Center for the Advancement of Health news release.

She and her colleagues analyzed data from a 2005 survey of 2,300 health clinics and found that about 56 percent of them offered obesity prevention programs, 51 percent offered diabetes screening, and only one third offered both.

The findings were of particular concern since the percentage of obese American adults has doubled from 1980 to 2004, and the percentage of Americans diagnosed with diabetes may have doubled as well, according to researchers. Research has shown that people with diabetes and lower incomes run a higher risk of dying of the disease.

Albright directs the Division of Diabetes Translation, which translates diabetes research into daily practice, at the CDC's National Center for Chronic Disease Prevention and Health Promotion.

One expert questioned the value of obesity and diabetes screening programs alone. Such programs "...are not a big part of the solution. After all, they are designed to find the trouble, not necessarily fix it," Dr. David L. Katz, director of the Prevention Research Center at Yale University School of Medicine, said in the news release.



"We should define what contributions health departments can, and should, be making to global efforts at obesity and diabetes prevention and control, and then distribute resources to make sure they can all make these contributions. Otherwise, some will be doing far less than is needed, and some will be doing more than what is truly useful," Katz said.

The CDC findings appear online and in the August print issue of the *American Journal of Public Health*.

-- Robert Preidt

Chronic Disease Self-Management Program

The evidence-based Chronic Disease Self-Management Program is currently being implemented in all 16 Indiana Area Agencies on Aging. The 6-week program is for individuals with chronic conditions such as diabetes, arthritis, high blood pressure, heart disease, or another ongoing health condition. Caregivers of those with chronic conditions are also encouraged to participate in the program. The program will teach participants and/or caregivers to find ways to deal with pain, fatigue, make better food and exercise choices, and teach participants how to talk with their doctors about their health.

For more information, please call 1.800.986.3505 or visit the Indiana DPCP website at www.diabetes.IN.gov and go to Community Based Programs.



Living a Healthy Life
With Chronic Conditions

Updated Statistics Revel Indiana Making “Great Strides”



New CDC Report Highlights Tobacco Control Progress in Indiana

Hoosier State Hits Historic New Low in Adult Smoking Rate



FOR RELEASE: April 22, 2010

INDIANAPOLIS – Following on the heels of a newly-released assessment by the U.S. Centers for Disease Control and Prevention (CDC) involving the progress made by state tobacco control programs, Indiana health officials today pointed to the “...promising trends” that have been made in the Hoosier state and pointed to a historic new low in adult smoking rates. According to the Indiana State Department of Health, there has been a highly significant downward trend in adult smoking rates in Indiana between 2001-2009.

State health officials report newly finalized 2009 Behavior Risk Factor Surveillance Program (BRFSS) data show the smoking rate for Hoosier adults dropped from 26 percent in 2008 to 23.1 percent in 2009. Although the change between 2008 and 2009 is not considered statistically significant, the new adult smoking prevalence is the lowest adult smoking rate since the BRFSS began gathering data on Hoosiers.

“Under the leadership of Gov. Daniels and his INShape Indiana health initiative, our state has become highly focused on the importance of improving the health of Hoosiers, with a greater emphasis on nutrition, physical activity, and tobacco use. As a result, we have implemented some important strategies to reduce tobacco use in recent years, and the data is telling us it is working,” said Indiana State Health Commissioner Greg Larkin, M.D.

The report, entitled *Tobacco Control State Highlights 2010*, outlines several key measures of tobacco control programs, including smoking prevalence, cigarette excise tax rates, smoke-free air laws, and counter-marketing media campaigns. The report is based on 2008 data, so does not include the recently finalized 2009 BRFSS data. Studies show when states concentrate on a combination of high-impact, proven strategies — particularly smoke-free laws and higher cigarette prices — tobacco use can be cut substantially. The price of cigarettes in Indiana was increased in 2007. Since then, cigarette consumption has dropped nearly 25 percent.

Karla Sneegas, executive director, Indiana Tobacco Prevention and Cessation (ITPC), said the new 2009 adult smoking rate validates the hard work of the state’s tobacco control program and the progress achieved by its local and state partners committed to ending tobacco use. “Seeing this decrease in adult smoking, especially during a time of economic hardship, is very promising,” said Sneegas. “ITPC’s community-based commitment to policy change in Hoosier communities, together with our outreach directly to smokers through the Indiana Tobacco Quitline, are high impact strategies that are delivering results.”

Nationally, smoking rates have stalled. In the 1990s, the nation experienced significant declines in smoking rates among adults and youth, but those declines have stalled since 2004. CDC’s State Highlights report uses consistent state-specific data to measure tobacco control progress in all 50 states and the District of Columbia (D.C.) and allows states to compare their efforts. The report is designed to address the public health impact of smoking and draw attention to the concentrated emphasis needed to end the tobacco use epidemic.

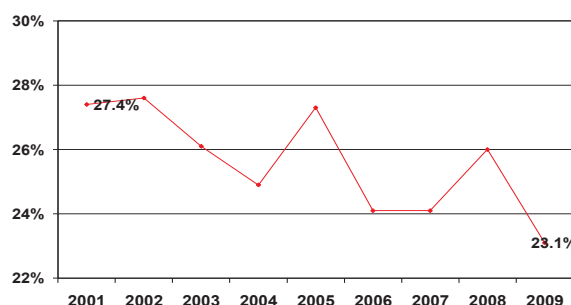
According to CDC Director Thomas R. Frieden, M.D., M.P.H. “Smoke free laws, hard-hitting ads, and higher cigarette prices are among our strongest weapons in this fight against tobacco use. We must redouble efforts to bring down smoking rates, prevent suffering and premature death, and cut health care costs by reducing smoking.”

Sneegas said that the key to making further progress is tied to Indiana’s need to implement these strategies, as outlined by the CDC, including protecting all workers from secondhand smoke and providing the free services of the Indiana Tobacco Quitline services to every smoker who is ready to quit.

For tobacco users who are ready to quit, call 1-800-QUIT-NOW. For more information on Indiana’s tobacco control program, please visit www.itpc.in.gov. For an online version of the *Tobacco Control State Highlights 2010*, visit CDC’s Office and Smoking and Health at www.cdc.gov/tobacco.



Indiana Adult Smoking Rates: 2001-2009



A National Drive to
Find the Undiagnosed

MedicareDiabetes Screening Project

Medicare Diabetes Screening Project News

Diabetes has reached epidemic proportions among America's seniors. Currently there are 35 million seniors in Medicare that are age 65 and older and as many as 20 million of them have undiagnosed diabetes or pre-diabetes. Many of these seniors are not getting the treatment they need to prevent complications from diabetes such as heart disease, stroke, blindness, kidney disease and amputation and millions more may be missing a chance to prevent or delay the onset of diabetes.

That's why the Medicare Diabetes Screening Project (MDSP), a grassroots coalition co-chaired by the American Diabetes Association, Healthcare Leadership Council and Novo Nordisk, has joined forces with government, professional and private sector organizations to spread the word about the free diabetes screening benefits available to seniors under Medicare.

Since the passage of the Medicare Modernization Act of 2003, at-risk seniors are eligible to receive a free diabetes screening test on an annual basis. The screening test does not require a co-pay or deductible and can be re-taken six months later if a senior is diagnosed with diabetes or pre-diabetes. The MDSP mission is to motivate seniors who have undiagnosed diabetes or pre-diabetes and encourages them to see their doctors or other health care providers to take advantage of the benefit.

In order to effectively promote the Medicare diabetes screening benefits on a community level, the MDSP has developed educational tools and resources for providers and healthcare professions to use when talking to seniors about the importance of diabetes prevention and screening. These materials are available in both English and Spanish and can be viewed and ordered from the MDSP website at www.screenfordiabetes.org.



The MDSP has also teamed up with the National Council on Aging to create a comprehensive tool-kit, complete with posters, brochures and ready-to-go PowerPoint presentations for senior serving organizations to spread the word about diabetes screening. If you would like to order a tool-kit or have any additional questions about the Medicare Diabetes Screening Project please contact Rachel Bright at RLBR@novonordisk.com.

Medicare Information from the Indiana Dietetic Association

What is Medical Nutrition Therapy (MNT)?

Medical Nutrition Therapy is an essential component of comprehensive health care. Individuals with a variety of conditions and illnesses can improve their health and quality of life by receiving medical nutrition therapy. During an MNT intervention, RDs counsel clients on behavioral and lifestyle changes required to impact long-term eating habits and health.

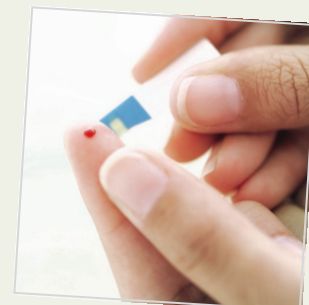


Medical Nutrition Therapy includes:

1. Performing a comprehensive nutrition assessment determining the nutrition diagnosis;
2. Planning and implementing a nutrition intervention using evidence-based nutrition practice guidelines;
3. Monitoring and evaluating an individual's progress over subsequent visits with the RD.
4. The Registered Dietitian assesses an individual with diabetes regarding: their readiness to learn, current lifestyle, and assists in planning lifestyle changes and goals. This individualized education and counseling process is designed to both reduce their risk of developing diabetes complications and improve their long-term quality of life.

RDs provide MNT and other nutrition services for a variety of diseases and conditions including:

- Cardiovascular Diseases: hypertension, dyslipidemia, congestive heart failure
- Diabetes: Type 1, Type 2, Gestational
- Disease Prevention: general wellness
- GI Disorders: celiac disease, cirrhosis, Crohn's disease
- Immunocompromise: food allergy, HIV/AIDS
- Nutritional Support: oral, enteral, parenteral
- Oncology
- Pediatrics: infant/child feeding, failure-to-thrive, inborn errors of metabolism
- Pulmonary Disease: COPD
- Renal Disease: insufficiency, chronic failure, transplantation



What Diabetes Nutrition Services Are Covered?

Medicare

Section 105 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) permits Medicare coverage of Medical Nutrition Therapy (MNT) services when furnished by a registered dietitian or nutrition professional meeting certain requirements. The benefit is available for beneficiaries with diabetes or renal disease, when referral is made by a physician. It also allows registered dietitians and nutrition professionals to receive direct Medicare reimbursement for the first time. The effective date of this provision was January 1, 2002.

The benefit consists of an initial visit for an assessment; follow-up visits for interventions; and reassessments as necessary during the 12-month period beginning with the initial assessment ("episode of care") to assure compliance with the dietary plan. Effective October 1, 2002, basic coverage of MNT for the first year a beneficiary receives MNT with diabetes is three hours. Additional covered hours of MNT services may be covered beyond the number of hours typically covered under an episode of care when the treating physician determines there is a change of diagnosis or medical condition within such episode of care that makes a change in diet necessary. Effective January 1, 2004, CMS updated the definition of diabetes to be as follows: Diabetes is defined as diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria: a fasting blood sugar greater than or equal to 126 mg/dL on two different occasions; a two hour post-glucose challenge greater than or equal to 200 mg/dL on two different occasions; or a random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.

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Medicare Information from the Indiana Dietetic Association

General Conditions on Medicare Coverage

The following are the general conditions of coverage:

- The treating physician must make a referral and indicate a diagnosis of diabetes. As described above, a treating physician means the primary care physician or specialist coordinating care for beneficiary with diabetes or renal disease.
- The number of hours covered in an episode of care may not be exceeded unless a second referral is received from the treating physician.
- Services may be provided either on an individual or group basis without restrictions.



For a beneficiary with a diagnosis of diabetes, Diabetes Self Management Training (DSMT) and MNT services can be provided within the same time period, and the maximum number of hours allowed under each benefit are covered. The only exception is that DSMT and MNT may not be provided on the same day to the same beneficiary. For a beneficiary with a diagnosis of diabetes who has received DSMT and is also diagnosed with renal disease in the same episode of care, the beneficiary may receive MNT services based on a change in medical condition, diagnosis or treatment.

Payment

The contractor shall pay for MNT services under the physician fee schedule for dates of service on or after January 1, 2002, to a registered dietitian or nutrition professional that meets the requirements. Deductible and coinsurance apply.

Private Insurance

Private insurance coverage of nutrition services varies throughout the country and changes frequently. Providers can contact an insurance company's provider relations

Diabetes Self-Management Training (DSMT)

Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) are complementary services used to improve diabetes care. Providing overall guidance to people with diabetes, it covers the many aspects of diabetes self-management and glycemic control. DSMT increases the patient's knowledge and skills about the disease and promotes behaviors for self-management of their health. DSMT classes can take place in a variety of settings, from hospitals to clinics to medical offices, through an accredited DSMT program.



DSMT is not the same as Medical Nutrition Therapy, which is a more intensive, comprehensive nutrition therapy service that relies heavily on follow-up and provides repeated reinforcement to help change the beneficiary's behavior. But because DSMT and MNT provide different behavioral modification techniques, they are complementary and it may be more medically effective for some beneficiaries to receive both therapies than one or the other.

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Medicare Information from the Indiana Dietetic Association

Referring Patients to an RD

Medicare

Medical Nutrition Therapy improves patient outcomes, quality of life and lowers health-care costs. Medicare covers outpatient MNT provided by registered dietitians for beneficiaries with diabetes, chronic renal insufficiency/end-stage renal disease (non-dialysis renal disease) or post kidney transplant.

MNT includes nutritional diagnostic, therapeutic and counseling services for the purpose of disease management. Qualifying patients generally receive three hours of MNT in the first year and two hours of MNT in subsequent years. For changes in medical diagnosis, condition or treatment, Medicare covers additional hours of MNT.



Please take these few easy steps to ensure your patients are eligible to receive MNT:

Medicare requires a physician order for patients to see an RD for MNT. When making a referral be sure to:

- Include the diagnosis and diagnosis code(s) for diabetes or non-dialysis kidney disease.
- Send recent lab data and medications with the referral form.
- Document the medical necessity for MNT in the patient's medical chart.
- Encourage your patients or have your nurse make an appointment with an RD at your local hospital out-patient clinic, physician clinic or the registered dietitian's private practice office. When additional hours of MNT are needed for your patient, another referral and medical record documentation are needed.

For more information you can visit the American Dietetic Association website at www.eatright.org. You can use "Find A Registered Dietitian" and locate an Indiana Registered Dietitian by specifying the state (Indiana) or by entering the zip code for the location.

The Indiana Dietetic Association is the state affiliate of the American Dietetic Association.

For additional information contact:

Hanna Kelley, RD, CD

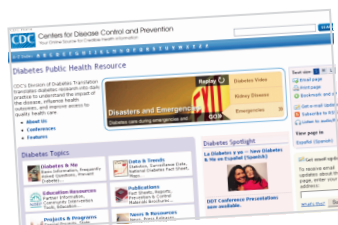
Indiana Dietetics Association Executive Director

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CDC—Diabetes Website Updated



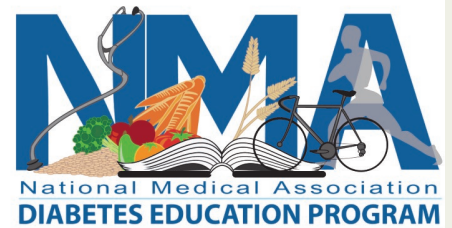
The Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation has updated their website with the most current information on **diabetes**. Their website contains national data and trends on diabetes prevalence, publications, news & resources relating to diabetes, educational resources, projects & programs, patient materials, and so much more! - Visit the website at www.cdc.gov/diabetes.

Collaborative Partners*

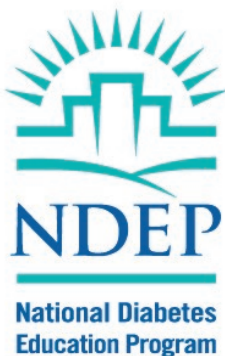
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**Indiana Central Association
of Diabetes Educators
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**A National Drive to
Find the Undiagnosed
MedicareDiabetes
Screening Project**



**Indiana State Department of Health
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If you would like to be added to the email mailing list to receive this quarterly newsletter, please e-mail the Diabetes Prevention and Control Program at diabetes@isdh.IN.gov.